

Attached is a blank Police & Fire Pension Plan Beneficiary Designation Form.

The explanation below may be helpful.

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There are two areas on the form.

Monthly Benefit. The first area on the form allows you to designate a Primary, Secondary or Tertiary beneficiary of your monthly benefit under the Plan in the event of your death while employed by the city. A beneficiary of the monthly payment must be a natural person with an insurable interest in the Member. A Member means the Police Officer or Fire Fighter making the designation. An insurable interest means that the beneficiary has a relationship with the Member, from ties of blood or marriage or pecuniary, so that he or she has reason to expect some benefit from the continuance of the life of the Member. You cannot designate more than one (1) person in each category of beneficiary (e.g., you may not designate more than one (1) Primary beneficiary).

If a written designation is entered, the Primary beneficiary is eligible to receive 100% or 50% of the Member's monthly benefit, actuarially adjusted for the beneficiary's age and other factors, as set forth in the Lincoln Municipal Code (the "LMC").

If the Primary beneficiary of the monthly benefits dies prior to or simultaneously with the Member, and the Member designates a Secondary beneficiary, the Member's monthly benefit will be paid to the Secondary beneficiary.

If the Primary and Secondary beneficiaries of the monthly benefit die prior to or simultaneously with the Member, and the Member designates a Tertiary beneficiary, the Member's monthly benefit will be paid to the Tertiary beneficiary.

If you would like to designate contingent beneficiaries of your monthly benefit beyond a Tertiary beneficiary, please contact the authorized representative of the City of Lincoln.

If a lump-sum is payable when monthly payments cease, the lump-sum is paid per the Member's lump-sum designation. If no lump-sum designation was made, the lump-sum is paid to the Member's estate/representative.

Please refer to the portions of the LMC which contain the terms of the Plan, or the Description of Benefits for the Plan, available on the City's website, if you have any questions about how the benefits are paid in the event of your death while employed by the City.

Lump-Sum Benefit. The second area on the form allows you to designate Primary or Secondary beneficiary(ies) of your lump-sum benefit. The beneficiary(ies) of the lump-sum benefit do not have to be a natural person or have an insurable interest in the Member. You can indicate the percentage that each Primary or Secondary beneficiary will receive.

The designation of your lump-sum benefit would apply if you die and ~~±~~ were not married, did not designate monthly beneficiary(ies), and had no minor children. If one of these scenarios occurs, the lump-sum benefit will be paid to your lump-sum beneficiary(ies).

Additional Rules. The Beneficiary Designation Form is not effective unless it is received by the Police & Fire Pension Officer of the City of Lincoln prior to your death. The form is invalid if the witness is identified as a beneficiary. If you do not designate a beneficiary of your lump-sum benefit, the Plan will pay your lump-sum benefit to your Estate.

Please contact me if you have any questions.

Respectfully,



Paul Lutomski  
Pension Officer  
402-441-8749  
plutomski@lincoln.ne.gov

**City of Lincoln, Nebraska, Police & Fire Pension Plan**

<b>Beneficiary Designation Form</b>
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MEMBER INFORMATION					
NAME		SSN			
ADDRESS					
CITY		State		Zip Code	

I, the undersigned, a Member of the City of Lincoln, Nebraska, Police & Fire Pension Plan A, B, or C (the "Plan"), hereby revoke all prior elections and designations concerning the benefit to be provided from the Plan in the event of my death while employed by the City.

**MONTHLY BENEFIT.** I hereby designate the individual(s) named below as my beneficiary(ies) to receive any **MONTHLY** benefit which may become due or payable on or after my death. A beneficiary of the **MONTHLY** benefit must be a natural person with an insurable interest.

Beneficiary:	Primary	Secondary	Tertiary
<b>Name:</b>			
<b>Relationship:</b>			
<b>Birth Date:</b>			
<b>Social Security #:</b>			

**LUMP-SUM BENEFIT.** If the beneficiary(ies) of my **MONTHLY** benefit do not survive me or otherwise fail to satisfy the beneficiary requirements of the Plan, or the Plan otherwise provides for a lump-sum payment, I hereby designate the following beneficiary(ies) to receive any **LUMP-SUM** benefit which may become due or payable on or after my death:

**Primary:** \_\_\_\_\_

**Secondary:** \_\_\_\_\_  
 \_\_\_\_\_

A beneficiary of the Lump-sum benefit does not have to be a natural person or have an insurable interest. If more than one beneficiary is named in a category for the Lump-sum benefit, payments will be made to them or to the survivor or survivors in equal shares unless otherwise specified above. Unless otherwise provided above, if amounts remain unpaid at the date of the last surviving beneficiary, the remaining amounts will be paid to the Member's estate. If one or more children of a Member are named in either category (Primary or Secondary), any child or children born to or legally adopted by the Member after this date will share equally with the child or children above named.

If a trust is named as a beneficiary, payments will be made directly to the trustee of that trust. A trustee of a trust named as a beneficiary will be entitled to make any applicable elections related to the receipt of such payments. Any designation of a trust as a beneficiary must identify the current trustee, the name of the trust and the date of the agreement creating the trust.

I understand that this Beneficiary Designation Form may be changed or revoked anytime, but only in writing. Changes are effective only upon receipt of a new Beneficiary Designation Form by the Human Resources Department of the City of Lincoln. If I change my beneficiary, the rights of all previously designated beneficiaries to receive any benefit under the Plan will cease.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

\* This Form is invalid if the witness is identified as a beneficiary.